

WHEN RECORDED RETURN TO:

Donald D. Bledsoe
101 W 36th Street
Vancouver, WA 98660

DOCUMENT TITLE(S):
Community Property Agreement

GRANTOR:
Betty L. McDonald

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

31790
APR 26 2016

GRANTEE:
Hubert Augustine McDonald

PAID exempt
by deputy
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

A parcel of land located in a portion of the Northwest Quarter of the Southwest Quarter of Section 3, Township 1 North, Range 5 East, Willamette Meridian, Skamania County, Washington, described as follows;

BEGINNING at the Southeast corner of Lot 1 of the "Lightning Tree Short Plat" as recorded in Book 3 of Short Plats, at Page 362, Skamania County, Washington, Auditors Records, said point also being on the North Right of Way line of "Canyon Creek Road (State Route 140)".

Thence leaving said North Right of Way line, North 01°01'55" East, along the East line of said Lot 1, for a distance of 453.49 feet to the Northeast corner thereof;

Thence leaving said East line, South 89°57'38" East, along the East extension of the North line of said Lot 1, for a distance of 96.78 feet more or less to the West line of the "Bajema" parcel, as described and recorded under Skamania County, Washington Deed Book 73, at Page 345;

Thence leaving the East extension of said North line, South 01°01'55" West, along said West line and parallel with the East line of said Lot 1, for a distance of 445.43 feet to the Southwest corner of said "Bajema" parcel and said North Right of Way line;

Thence leaving the West line, South 85°17'05" West, along said North Right of Way line, for a distance of 97.25 feet to the **POINT OF BEGINNING**;

TAX PARCEL NUMBER(S):
01-05-03-3-0-0600-00

Skamania County Assessor:
Date 4-26-16 Parcel# 1-5-3-3-600

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 7 day of June 1962 by and between Hubert Augustine McDonald and Betty Lee McDonald husband and wife, residing in Clark County, Washington.

WITNESSETH:

That whereas said Hubert Augustine McDonald and Betty Lee McDonald are owners of certain real estate and personal property in the State of Washington; and the said parties, being desirous that title to said property shall pass without delay and expense in case of the death of either of the said parties to the survivor:

NOW, THEREFORE, in consideration of the love and affection that each of said parties has for the other, it is hereby agreed that in the case of death of said Hubert Augustine McDonald while the said Betty Lee

McDonald survives, the whole of said property, both real and personal, together with such property as the said community may hereafter acquire, whether real or personal, situated in the State of Washington, shall at once vest in the said Betty Lee McDonald, the real in fee simple and the personal property absolutely, and in the event of the death of said Betty Lee McDonald leaving the said Hubert Augustine

McDonald surviving her, the whole of said property, together with all property by them subsequently acquired, whether real or personal, shall at once vest in the said Hubert Augustine McDonald, the real estate in fee simple and the personal property absolutely.

IN WITNESS whereof said Hubert Augustine and Betty Lee McDonald have hereunto set their hands and seals this 7 day of June 1962.

Hubert Augustine McDonald

Betty Lee McDonald

Signed, sealed and delivered in the presence of:

William M. Jackson 105 W. 19th Ave.
Seattle 901 SE 94th Ave. Vancouver.

STATE OF WASHINGTON)
COUNTY OF CLARK)

This is to certify that on this 8th day of June 1962, before me a Notary Public in and for the State of Washington, personally appeared Hubert Augustine McDonald and Betty Lee McDonald to me known to be husband and wife, and to me known to be the individuals who executed the foregoing instrument and acknowledged to me that they executed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Frances S. Johnson
Notary Public in and for the State of Washington, residing at Vancouver, therein

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

784
LOCAL FILE NUMBER

90 16929

146

STATE FILE NUMBER

OFFICE USE ONLY
DISTRICT
COPIES
HOSPITAL
OCCURRENCE
RESIDENCE
TRACT
OCCUPATION
PARENTS
OCCURRENCE
CERTIFIER
CAUSE OF DEATH
ACC LOC
QUERIES

1 NAME—FIRST, MIDDLE, LAST Betty L. McDonald		2 SEX Female		3 DEATH DATE (Mo. Day Yr.) July 18, 1990		90 16929	
4 AGE LAST BIRTH-DAY (Yrs) 60		5 UNDER 1 YEAR MOS. DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTHDATE (Mo., Day, Yr.) July 22, 1929	
8 BIRTH STATE (if not in USA give country) Illinois		9 CITIZEN OF WHAT COUNTRY? USA		10 COUNTY OF DEATH Clark			
11 CITY, TOWN OR LOCATION OF DEATH Vancouver				12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE Southwest Washington Medical Center			
13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes		14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (if wife, give maiden name) H.A. McDonald		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO	
17 SOCIAL SECURITY NO. [REDACTED]		18 HIGH SCHOOL GRADUATE? (Yes/No) Yes		19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		20 KIND OF BUSINESS OR INDUSTRY Own Home	
21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify) White		23 RESIDENCE - NUMBER AND STREET 503 Shreveport Way		24 CITY/TOWN OR LOCATION Vancouver	
25 INSIDE CITY LIMITS? (Yes/No) NO		26 COUNTY Clark		27 STATE Washington		28 ZIP CODE 98664	
29 FATHER'S NAME—FIRST, MIDDLE, LAST Ancil Branch				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Minnie Alvey			
31 INFORMANT—NAME H.A. "Bud" McDonald, Husband		32 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 503 Shreveport Way Vancouver, Washington 98664					
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34 DATE (Mo. Day Yr.) July 23, 1990		35 CEMETERY/CREMATORY—NAME Park Hill Cemetery		36 LOCATION—CITY/TOWN, STATE Vancouver, Washington	
37 FUNERAL DIRECTOR SIGNATURE <i>Smith R. Andrews</i>		38 NAME OF FACILITY Vancouver Funeral Chapel		39 ADDRESS OF FACILITY 110 E. 12th St. Vancouver, Wa. 98660			
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>John H. Nelson M.D.</i> X				41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
42 DATE SIGNED (Mo., Day, Yr.) 7/20/90		43 HOUR OF DEATH (24 Hrs.) 2303		44 DATE SIGNED (Mo., Day, Yr.)		45 HOUR OF DEATH (24 Hrs.)	
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John Nelson, M.D. 12607 SE Mill Plain Vancouver, Washington 98684				47 PRONOUNCED DEAD (Mo., Day, Yr.)		48 HOUR PRONOUNCED DEAD (24 Hrs.)	
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)							
50 PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.							
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		(A) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH 5 days	
		(B) _____ DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		(C) _____ DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Pulmonary emphysema				52 AUTOPSY? (Yes/No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)	
54 ACC. SUICIDE HO, UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo., Day, Yr.)		56 HOUR OF INJURY (24 Hrs.)		57 DESCRIBE HOW INJURY OCCURRED	
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)		60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61 REGISTRAR SIGNATURE <i>Karen Stenjaert, MD</i>						62 DATE RECEIVED (Mo., Day, Yr.) JUL 20 1990	

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)